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REPORT of the Cases and Operations which have occurred in the Surgical Wards of the Pennsylvania Hospital, during the service of Dr. THOMAS HARRIS, (the months of November, December, January, and February.)

[Reported by H. H. SMITH, M. D., Resident Surgeon.]

THE Pennsylvania Hospital is an institution established principally by private contributions, and receives four classes of persons.

First. Sailors belonging to the merchant service, who may require medical attendance, and for whom a certain sum is paid by the custom-house, out of a fund accumulated by the monthly contributions of each American sailor.

Second. Respectable poor individuals, labouring under surgical or medical diseases, except syphilis, or incurable, or contagious affections.

Third. The insane.

Fourth. Any one, who may be accidentally injured, and brought to the hospital within twenty-four hours after the occurrence.

The buildings consist of a centre, sixty feet front; of two wings, each eighty feet long, by twenty-seven broad; and of two return wings, one hundred and ten feet in depth;—the whole of which will accommodate two hundred and fifty persons.

They are situated on a square of ground containing about four acres, neatly laid out, and affording opportunity for free ventilation and exercise. The whole area is surrounded by a wall, and by rows of noble forest trees.

The centre is built in the old style, with wide halls and stairways, lofty ceilings, &c., and contains in the third story an operating-room, lighted from the roof, and capable of holding two hundred and fifty students; a long ward, fifty feet by twenty-three, containing twelve beds appropriated to the female surgical cases; two smaller rooms, with four beds each, for cases operated on, or otherwise important; and on the first floor a medical library of near eight thousand volumes, which is supported by the fees of the students attending the practice of the hospital.

On the west of this, the wing is occupied entirely by the insane,—and on the east, in the first story, is the ward appropriated to the male surgical cases, which, as well as the return wing, accommodates forty beds. The rest is occupied by the male medical cases, numbering somewhat less. Near to this end is a distinct building occupied by the syphilitic sailors and the blacks, which contains thirty-five beds, making the whole number in charge of the surgeon one hundred and five.

The wards are warmed by furnaces of anthracite coal, placed in the cellar; they are well lighted by windows facing north and south, and

are ventilated by openings into the chimnies near the ceilings—the warm air always securing a constant draught.

In the surgical wards, the bedsteads are made of iron, with wire nettings for the beds,—and in those appropriated to fractures, there is a frame underneath, in which a pan slides, with a corresponding hole in the hair mattress above, so that it is never necessary for the patient to move in the least from the perfectly supine posture.

The dressings are such as are readily applied, and economical in their use. The ground flax-seed cake, mixed with warm water, and slightly oiled on the surface, constitutes the poultice, and answers quite as well as the bread and milk, while it is also less expensive, a very necessary consideration in all hospital dressings.

The splints and apparatus for fractures are such as have been reported by Dr. J. M. Wallace, in No. 2, vol. I., of the Examiner, except that within the last two months the *immoveable apparatus* has been in use.

The duties of the house are divided among three surgeons—Drs. THOS. HARRIS, RANDOLPH, and NORRIS; and three physicians—Drs. B. H. COATES, WOOD, and STEWARDSON; each of whom serves four months, and visits the patients at least twice a week, at which time clinical instruction is given. There are, also, during the winter months, clinical lectures delivered weekly.

The daily visit is made by two residents, graduates in medicine, who take charge of the wards alternately, and serve two years from the period of appointment.

The annexed account of cases contains only those admitted during November, December, January, and February, under the charge of Dr. Harris. Those cases, therefore, which are recorded as having been operated upon, but which are not included in the list of admissions, consist of those which were in the hospital at the commencement of his term. Of the whole number of patients, a large proportion will be found under the head of fractures and contusions, the numerous buildings, quarries, &c., in the neighbourhood, giving rise to many such injuries. Some slight difference will also be found between the number admitted and the number of diseases, as many patients labour under more than one affection at the time of entrance, as burns, lacerations, and fractures, from blasting, &c., while the more serious one only is noted.

At the commencement of the season there were seventy patients in the wards, since which time one hundred and forty-two have been admitted, of whom one hundred and twenty-six have been discharged, and thirteen have died, leaving seventy-three at present in the institution.

The following tables will show the diseases admitted, and the success of the treatment.

List of Cases treated.

<i>Abscess</i>	1	<i>Hernia, strangulated</i>	1
“ of the hip	1	<i>Necrosis</i>	3
<i>Amaurosis</i>	1	<i>Phymosis</i>	1
<i>Buboes</i>	5	<i>Pterygia</i>	1
<i>Bullæ</i>	1	<i>Stone in bladder, (lithotomy)</i>	1
<i>Burns</i>	4	<i>Trephining</i>	1
<i>Calculus in the bladder</i>	1	<i>Varicose veins</i>	1
<i>Concussion of the brain</i>	2	<i>Porriogo capitis</i>	1
<i>Contusions</i>	13	<i>Pterygia</i>	2
<i>Curvature of the spine</i>	2	<i>Phymosis</i>	1
<i>Diseased bladder</i>	3	<i>Paraphymosis</i>	2
<i>Dislocations</i>	2	<i>Sprains</i>	3
“ of the hip	1	“ ankle	3
“ of the elbow	1	<i>Scirrhus</i>	1
<i>Ecthyma</i>	1	“ parotid	1
<i>Erysipelas</i>	2	<i>Scrofulous abscesses and tumours</i>	3
<i>Fistulæ</i>	3	<i>Syphilis</i>	14
“ lachrymalis	1	<i>Stricture of urethra</i>	2
“ in perineo	1	<i>Ulcers</i>	16
“ in ano	1	<i>Varicose veins</i>	2
<i>Fractures</i>	39	<i>Wounds</i>	15
“ skull, compound	3	“ incised, of throat	1
“ clavicle	1	“ “ of wrist-joint	1
“ humerus, compound	1	“ “ of knee-joint	1
“ “ simple	4	“ “ of head	1
“ radius and ulna, compound	1	“ “ of face and tongue	1
“ “ “ simple	1	“ lacerated, of hand	1
“ ulna, simple	1	“ “ of thigh	3
“ thigh, compound	2	“ “ of leg	3
“ “ simple	7	“ “ of scalp	2
“ leg, compound	4	“ “ of eyelids	1
“ “ simple	8	Of the above, thirteen have died, viz :	
“ “ fibula	4		
“ ribs	2		
<i>Frost bite</i>	1		
<i>Gonorrhæa</i>	5		
<i>Hemorrhoids</i>	1		
<i>Hernia</i>	5		
“ inguinal, reducible	2		
“ femoral, strangulated	1		
“ cerebri	2		
<i>Herpes</i>	2		
<i>Hydrops articuli</i>	2		
<i>Ophthalmia</i>	12		
“ opacity of cornea	1		
“ iritis	2		
“ conjunctivitis	4		
“ pterygia	2		
“ cataract	2		
“ sclerotitis	1		
<i>Orchitis</i>	4		
<i>Amputations</i>	7		
“ thigh	3		
“ leg	1		
“ arm	2		
“ finger	1		
<i>Cataract</i>	5		
<i>Caries sterni</i>	1		
<i>Erectile tumour</i>	1		
<i>Extirpation of parotid, (by Dr. Randolph)</i>	1		
<i>Fistula lachrymalis</i>	1		
<i>Hydrocele</i>	1		
<i>Hemorrhoids</i>	1		

Of the above, thirteen have died, viz :

Disease.	No.	Remarks.
<i>Burns</i>	2	The whole of the body; death within 24 hours after admission.
<i>Concussion of brain</i>	1	Never free from stupor.
<i>Fractures</i>	7	
“ thigh, compound	2	Both within 48 hours, being complicated with other injuries.
“ leg, comp'nd	1	Of mortification.
“ skull, “	2	
“ leg, simple	2	One of mortification, and one of mania-a-potu.
<i>Incised throat</i>	1	Mania-a-potu following.
<i>Hernia cerebri</i>	2	

Fractures.—This class of injuries constitutes the great mass of our recent cases. On the receipt of a case of the lower extremity, the settee on which the patient is brought is placed alongside of the fracture-bed, prepared as mentioned, the clothes are carefully removed, the patient perfectly cleansed, and then by putting the settee close to the bed he is readily transferred. If the fracture is of one or both bones of the leg, it is placed in the fracture-box, protected by oil cloth to allow of cooling applications; if of the thigh, in Physick's modification of Desault's long splints, most frequently without the bandage of Scultetus, that cold applications may be made directly to

the part, and the adjustment of the fracture may be accurately observed. This latter dressing is that generally used for the thigh; but, owing to the prevalence of erysipelas, sloughing of the heel from the extending band has so often happened, that the long fracture-box, attached to a double inclined plane, has been substituted during the winter, the sides of the box affording support to the thigh, and the weight of it preventing any variation from the original position of the limb. Several cases have lately been treated by the *immoveable apparatus* with perfect success. This apparatus has obviated the danger of sloughing of the heel in fractures of the thigh, by doing away with the extending band, and also relieves the patient from the risk of a slough on the sacrum, by allowing him to walk about soon after the injury. It also answers an excellent purpose in the treatment of fractures of the leg and its complications, as by the erect posture the patient's health is preserved, and callus is more quickly deposited than if he were confined to bed. In the mania-a-potu, which very frequently supervenes on these accidents, it also prevents any displacement of the fracture or injury of the soft parts. As an account of the mode of application of this apparatus, with cases in detail, has been published in a previous number, it is unnecessary now further to advert to the subject.

Erysipelas.—This terrible scourge of hospitals has prevailed very frequently throughout the institution, and, during the last winter, to a considerable extent, attacking all the amputations, and nearly all the recent cases. How far any known cause tended to produce it, may, perhaps, be best judged of from a short account of it within the last eighteen months; though, as no accurate observations were made of many concomitant circumstances, much that might have been valuable in regard to it has escaped. In the commencement of the winter of 1837, '38, this disease prevailed to a high degree throughout the whole hospital, both in the medical and surgical wards. Strict measures were taken by Dr. Wallace (then resident) to prevent, if possible, its continuance, such as airing freely the wards, keeping them of a moderate temperature, using but little water in scrubbing, and having all the excretions removed at stated periods. Increased attention to cleanliness was unnecessary, as the institution will at any time advantageously compare with any in the United States in this particular.

These measures, however, had but little effect; the hospital was full, the weather such as prevails generally at the season, and it seemed almost impossible to produce a change in the disease. At last, the whole ward was emptied, scrubbed, white-washed, fumigated, and exposed to the weather for two or three days. The bureaux were searched, and found to contain over a half bushel of musty bread, stale provisions, fruit, &c., which had been concealed, and must have tended to render the air impure. All this was removed, the drawers scalded with lye, and the clothes aired,—after which the ward was re-occupied, and with a decided improvement in

every case for some time,—but before the end of the winter the disease returned, but not with its former violence.

In the spring of 1838 it also prevailed slightly, and not generally,—and in the summer and early part of the fall, when the windows were open, and the patients who were able spent much of their time in the grounds, there was hardly a case seen, though there were many bad cases in the hospital, some of which had very free and offensive discharges from the seats of injury.

At the commencement of November the wards were nearly full, especially the men's, and entirely free from it,—but on the 24th, about four weeks after the fires had been kindled, and the weather moist and foggy, it broke out, and continued with intervals of only a week or ten days to the middle of February, notwithstanding the same precautions were used, combined with painting of the bedsteads, tables, &c., a bi-weekly search of the drawers, and the removal of all provisions from the bedside after meals. During this period scarcely a case escaped; one amputation, which had so far recovered as to allow the patient to walk about, sloughed, so as to require a second operation; another terminated in a large abscess considerably above the end of the stump, and after three attacks of the disease it was deemed advisable to send the patient to his friends in the country. A third is still in the house, with the prospect of a tedious exfoliation of near three inches of the tibia, the whole surface having sloughed, and being at present eight weeks since the operation only about two-thirds cicatrized.

Two of the deaths in the fractures were caused by the mortification and debility consequent on attacks of this affection, and two simple fractures were rendered compound from the same cause.

Generally it has terminated almost entirely by gangrene. Of the worst cases, eleven sloughed; one suppurated, and a few terminated in resolution, chiefly in the cases of ulcers and other slight injuries.

At the commencement of an attack there has been always more or less constitutional disturbance, as chill, fever, dry tongue, loss of appetite, irritable pulse, and diminished secretions, with diffused redness more or less marked in the part, heat, swelling, pain and effusion under the skin, after which the redness becomes of a browner hue, matter forms, and the parts around mortify and slough off. In cases of fracture, death of the bone and subsequent exfoliation ensued, leaving the surrounding soft parts in a flabby, unhealthy state, which considerably delayed the cure.

As to the cause, no settled opinion is entertained. That the fires of the furnaces were connected with it seemed probable, until the fact was made known of its prevalence at a former period when the fires were in the wards. Acrid secretions, or large suppurating surfaces, have apparently little influence with us, for, at a time when several extensive injuries were kept in the same room, there was nothing of the kind,—and three amputations were at one period (the last

week of February) in the same ward, without any one suffering from it. The most probable cause would seem to be moisture, either external or internal, combined with heat and a collection of animal or vegetable matter, as the only intervals during the season were when the weather was cold and clear, the thermometer ranging from 10° to 25° of Fahrenheit, and a close supervision was kept on the edibles of the patients. It is also offered as a probability, that there is a close connexion between the exciting cause of this disease and the production of miasmata, dependent, in a measure, on the generation, by heat and moisture, of a heavy gas, as the carbonic acid; for, in the room appropriated to the worst cases, where the floor is painted, so as to prevent the absorption of water, and where the ventilator is an opening at the floor into the open air, so as to take off the most impure portion of the atmosphere, there is seldom a case as bad as those which prevail in a long ward eighty feet long, with a water-closet in it, and ventilators, as in the rest of the house, opening into the chimnies at the ceilings.

The treatment has mostly been regulated by the state of the case, and the seat of injury. At the commencement, an alterative, followed by a purge, with some mild diaphoretic, were given, and applications made to the part of cold flaxseed mucilage, by means of cloths wrung out of it, and covered with oiled silk, to prevent evaporation; the limb attacked was elevated, to relieve the distension of the vessels, and the part kept at perfect rest by means of a splint.

After this more active measures were resorted to, as the application of leeches to the part, stimulating washes, especially the *tinctura saponis camphorata*, fermenting poultices of Indian meal and porter, with a full diet, porter, and the free use of quinine. In no case was general bloodletting allowable, and in few cases was the application of leeches necessary,—but, when called for, the American were used around the part, and not the Swedish or Spanish. Under this course, most did well, although several had as many as three attacks successively, in the second and third of which the stimulant plan was used to its fullest extent from the beginning. In some few cases blisters were applied to check or resolve it, but with little success,—and in some there appeared to be rather a tendency to a second attack after their application.

In the use of the soap liniment, which proved the best local application, it was either well rubbed on the part, so as to produce an increased redness in the skin, and quicken the sluggish movement in the capillaries, or it was mixed with the poultice, and applied, warm night and morning.

Incisions were practised in three cases where the disease was attendant on dead bone, and with advantage, by removing the cause of excitement; and when matter collected, it was, of course, freely opened; but scarification, or six or eight incisions into the inflamed and already irritated part, was not practised.

Of the cases treated with quinine, many took it largely, and evidently with benefit; it was pushed in some to doses of thirty or thirty-five grains in the twenty-four hours, but they were patients who were debilitated by the long confinement and the profuse discharge, or by their former habits.

Four cases of *burns* were treated, two of which involved more than two-thirds of the body, and died within twenty-four hours after admission. The others were principally treated by the stimulant practice. One was dressed at first with raw cotton, which was continued for a week, when, on removing the dressings, owing to their offensiveness, several parts were found filled with maggots, produced, no doubt, from the egg having been previously laid in the cotton, as the weather was too cold for the fly to be about. When a severe case is first received, it is sometimes dressed with warm poultices, until the sloughs separate, and is found to be comfortable to the patient, and ready of application.

Dislocations.—But two cases of this class of injuries were treated during the winter; one was of the hip, upwards and backwards, of thirteen weeks' standing, in a boy of fifteen years, which, after resisting efforts at reduction of near an hour's duration, was sent out unreduced. The second was of the ulna, upwards and backwards, produced by a fall on the hand, and unattended with fracture. This was reduced, and the man left the house with a good arm.

Gonorrhœa.—But five cases of this are marked as admitted, though the number was somewhat greater, as most of these cases are among the sailors, who seldom have syphilis without either a gonorrhœa or gleet, owing to their being taken after leaving port, and not paying much attention to it. The practice pursued, has been free depletion in the acute cases at first, followed by the use of balsam copaiva, and afterwards injections, attention being paid to the state of the alimentary canal. This last had undoubtedly a great influence over the course of the disease, from the strong sympathy which exists between most of the mucous membranes. The use of the copaiva was, therefore, always watched, and as soon as the least symptom of derangement of the stomach appeared, omitted, and some mild purge ordered, to relieve the bowels of it. In the use of injections, the mildest, as a general rule, were prescribed at first, and gradually increased, though, in some cases, after the reduction of the violent inflammation by depletion, purging, and poultices to the penis, a strong injection would frequently stop the discharge, without producing any of the bad symptoms so frequently described as consequences of this mode of treatment, as swelled testicle, stricture and cystitis, a fair opportunity being frequently afforded of judging of the result in cases complicated with buboes, which often detained the patients several weeks in the house. The injections used consisted of *acetas plumbi*, *acetas zinci*, *sulphas cupri*, in the strength of a grain to the ounce, or in *argenti nitrat.*, *hydrarg. prot. chlorid.* or *hydrarg., bi-chlorid.*, in the pro-

portion of one-third, or a half, or sometimes a grain to the ounce, in the two last always of mucilage of gum arabic. In the treatment of gleet, bougies were always early applied to remove the stricture, so frequently the exciting cause,—after which strong injections, and the use of tonics, especially the tinctura ferri hydriodas, were persevered in.

Hernia.—Under this head, are included two cases of an affection of considerable interest, more commonly called *fungus cerebri*, but which are classified here as being deemed more properly herniæ, from the protrusion of the cerebral mass, as proved by dissections, instead of any proper fungus growth. Two cases of this occurred during the season, consequent on fractures of the skull; in one the dura mater was wounded,—in the other it was not, but sloughed, from the protruding of the brain. In both it did not appear till about ten days after the injury, and came on so gradually, as to produce, for some time, very little change in the patients. As the symptoms were similar to the one reported in No. 25 of this journal, it is unnecessary to repeat them. Suffice it to say, that both tended to support the opinion before advanced, of their being the consequences of abscesses near them, and not organized growths.

One case of strangulated femoral hernia, was admitted, and cured by an operation, and is only of special interest, from the long continuance of the strangulation, it having lasted seventy-two hours, and from the peritonitis having extended so far as to cause effusion into the cavity of the abdomen.

Hæmorrhoids.—But one case of this was received during the winter, which is now referred to on account of the practice pursued differing from that of many of the profession in this city. Dr. Harris, entertaining the opinion of Richter, Kirby, and others, that the pile is a coagulum of blood formed in the loose, cellular substance, by an exosmosis from the vessels, and covered by the mucous membrane, always removes them by excision, generally by means of a large, curved pair of scissors. Having previously reduced the inflammation of the surrounding parts, the pile is drawn down by a tenaculum, and cut off; and although he has pursued the same practice for a number of years, he has seldom seen hæmorrhage from the operation. In the present case, one of the piles had had a ligature placed around it previous to admission, from which the patient suffered much more than from the operation. After the excision there were not two drachms of blood lost, the bowels were kept quiet for a week, cold applied to the part, and no bad symptoms ensued, and he has since been discharged cured.

Injuries of joints.—Few cases are received into the institution, which require such close attention and show so much bad surgery, as this class of affections. Nine cases were treated during the season, several of which were admitted a short time previous to November, all of which offered instances of the result of ignorance on the part of the practitioner. Two cases of injuries to the

knee joint may suffice. In one, a man had accidentally run a needle into the knee just below the cap. Unable to find it he continued moving about, applied *lye poultices* and other stimulating applications to it until it was in a terrible state of inflammation, sloughing ensued extending so deep as to expose the capsule of the joint, and subsequent exfoliation of a portion of the tibia, and reducing him so much as to render it doubtful if it would not take his life. Under the treatment pursued a fortunate change took place, and he was discharged cured after being on his back near five months. A second man was received with an incised wound near the inside of the knee—not opening the joint; slight hæmorrhage of course followed—a tourniquet was applied *Tuesday afternoon* and left on till the following *Friady*, the wound partly drawn together and poulticed with lye. The torments of the patient under this treatment were great beyond expression, and on his entrance a week after the injury he had the joint much enlarged, the leg terribly swelled, granulations a half inch high on the wound, and a succession of sloughs under the course of the tourniquet. By perfect rest, soothing applications, &c. he soon became comparatively better, and is now in a fair way of recovery.

The treatment invariably pursued in the house, is one recommended by the late Dr. Physick, of using a carved splint so as to prevent all motion in the part—keeping the patient (if in the lower extremities) on his back—using free purging, vegetable diet, &c., as recommended by him in the treatment of *Morbus Coxarius*. The same plan is followed in cases of sprains, especially chronic; of fractures near joints, as in the elbow; and universally where there is any risk of inflammation between the articulating surfaces. The splints are carved out of soft wood, so as to receive the limb in the position held at time of entrance, and changed until the desired one is gained; this is worn until all vestiges of inflammation are removed, when motion is gradually commenced. Dr. Randolph invariably follows this course, particularly in violent sprains of the knee, ankle, &c., and in cases of chronic inflammation, has caused them to be worn for twelve or eighteen months, the length of time of course being regulated by the extent of the injury. But one general rule may be pursued, which will mostly produce a successful termination—viz. in no case of injury to a joint to allow of motion, until all symptoms of inflammation are gone; and to do this, not by telling the patient that he must keep perfectly quiet, but to apply some such means as will effectually prevent *all motion* in the part, which can seldom be effected except by the splint spoken of. They can be easily made by any carpenter of common intelligence, by means of a gouge, and a perfect cast of the limb may be taken by applying successive layers of paper and paste to the part desired, or, by marking out the limb on the wood and then scooping it out.

Operations.—The number of operations performed during the season has been large, amounting in all to thirty-four, several of which have

been capital, and all of which have been successful.

In the *Amputations*, the circular operation was performed in all but one, in which the limb was removed by the catlin. They have been dressed with adhesive plaster, cerate, and a light piece of lint, instead of the old method of a great pledget of tow, which by its warmth too frequently did more harm than good, and have all been healed by granulation.

In that of *Cataract*, breaking and depressing of the lens was practised, sometimes by Saunders' method through the pupil, and sometimes by introducing the knife behind the cornea. The operation had to be repeated several times on one case, but was perfectly successful.

In *Hydrocele* several methods were tried, such as simply evacuating the fluid, and repeating the operation as it reaccumulated; by introducing acupuncture needles and allowing the fluid to escape into the sub-cutaneous cellular substance, but without success; at last the tunica vaginalis was injected with a solution of iodine, as advised by M. Velpeau, which proved effectual. There had been previously a chronic induration of the testis and epididymis, which had resisted the external use of iodine, but which was rapidly changed and improved by the injection.

The *Erectile Tumour*, was of the size of a large walnut on the head of a child, and was cured by the introduction of accupuncturing needles through its base, and surrounding them with ligatures after the manner recommended by Lallemand, and left but a trifling scar.

The *Extirpation of the Parotid Gland* was performed by Dr. Randolph with perfect success, and has been reported at length.

In *Pterygia*.—Dr. Harris performed the operation of dividing the membrane transversely, and applying the nitrate of silver to the cut extremities of the vessels, so as to destroy the growth and nourishment of it, when it is rapidly removed. The objections which he makes to the common operation of excision is, that it interferes with the motion of the eye ball, from the formation of adhesions, preventing the turning of the ball outwards.

In *Varicose Veins* the plan of enclosing the vein by means of a needle passed behind it and a ligature around it was practised, the inflammation consequent on the tightening of the ligatures obliterating the cavity of the vessel. In this case it was practised on both legs at the same time, to prevent the return of old ulcers, and was followed by no bad symptoms.

Syphilis.—The cases of this disease which are admitted, are almost exclusively sailors, among whom it generally prevails in its worst form, owing their neglect of its early stages. Eight cases were in the house at the commencement of the season and fourteen have been admitted, all of whom, with two exceptions, have been discharged cured. They consisted generally of numerous chancres, or one or two large ones; in one instance accompanied by phagedenic ulceration of the whole prepuce, condylomatous tumours, or

chancres near the anus, with some few cases of syphilitic eruption, and secondary symptoms. The practice pursued has been the *non mercurial* in its fullest extent, not a particle being given, in any case; notwithstanding which, all the cases have rapidly recovered. The treatment has generally been as follows, viz: on the entrance of a patient to order a warm bath, to ensure a perfect cleansing of the parts, then to poultice the penis, and deplete, or purge with saline purgatives if there is much surrounding inflammation. After this is reduced, to make stimulating applications to the chancre, to cause a change of action, as, occasionally, the vegetable caustic, which after the eschar separates leaves a perfectly new, healthy surface, or more frequently the nitrate of silver or sulphate of copper. Cloths wrung out of flaxseed mucilage are then kept to the part to preserve it moist, and it is treated as a simple ulcer. Conjoined to this local treatment, the patient is confined to bed, uses the compound syrup of sarsaparilla freely, and vegetable diet, with attention to the state of his alimentary canal, under which course, few cases of simple chancre require more than ten to eighteen days for their cure. When buboes accompany it, as is frequently the case, they are opened freely as soon as fluctuation can be detected, and afterwards treated by pressure and stimulating washes, perfect rest being always insisted on. When the case, however, is one of secondary syphilis, with eruption, sore throat, nodes, &c., the course is different; purging is freely used and depletion when the pulse demands it, at the same time a daily general bath of warm mucilage is used, with the syrup of sarsaparilla, dulcamara, diaphoretics, &c., when the eruption is obstinate and of long standing, Fowler's solution is freely given, and when accompanied by ulcerated sore throat, the nitrate of silver is applied to the part, or a gargle of the house, consisting of R.—Cupri Sulphat. ℥ss.; Pul. Cort. Peruvi. ʒss.; Pul. Gum. Acaciæ ʒij.; Aquæ fluvial. fʒiv. ft. gargarismus, under which treatment few cases are obstinate. In cases of chancres and tumours at the anus, the pure nitric acid is applied every day or two, and the parts then poulticed, a treatment introduced into the institution, it is believed, by Dr. Randolph. This course seldom gives rise to any of those terrible affections of the bones, &c., so often seen where mercury has been used, and does not, it is thought, render the liability to rheumatism so great. Throughout the year numerous cases are admitted, some presenting the disease in its worst shape, and nearly the same course of treatment is pursued, no one of the surgeons using mercury, and none having to resort to other than the general means mentioned. To the other affections it is deemed unnecessary to refer, as they offer nothing particularly interesting, except in the case of *Sprains*. Of these the treatment was generally perfect rest, with local depletion and cold applications, but in two of those of the ankle, the reverse course was followed, viz. to leech the part very freely immediately after the injury, and then to apply warm poultices and per-

fect rest. Under this plan, the relief is both great and immediate, but further cases are required to test it more fully. In the two spoken of, one of which, was an exceedingly bad one, relief was afforded in thirty-six hours, and the tenderness and swelling of the part was removed in six days, the application of the warmth being spoken of by the patient as very agreeable.

BIBLIOGRAPHICAL NOTICES.

The Annual Address to the Candidates for Degrees and Licenses in the Medical Institution of Yale College, February 26, 1839. By THOMAS MINER, M. D., Member of the Board of Examination, and late President of the Connecticut Medical Society. (Published at the request of the Class.) New Haven: 1839. 8vo. pp. 20.

Annual Address to the College of Physicians and Surgeons of Lexington; in which the principles and practice of Medical Ethics are illustrated, and urged as essential to the welfare of the profession. Delivered in the Medical Hall January 1st, 1839. By THOMAS D. MITCHELL, M. D., Professor of Materia Medica and Therapeutics in the Medical department of the Transylvania University; President of the College of Physicians and Surgeons, etc. etc. etc. (Published by request of the College and the Medical Class.) Lexington, Ky: 1839. 8vo. pp. 32.

Dr. MINER's address contains much excellent advice to the young physician, conveyed in a very plain and agreeable manner. Dr. M. thinks and writes well.

Dr. MITCHELL has succeeded admirably in compressing most of the cardinal points of medical ethics into a readable size, and has, consequently, conferred a benefit on the profession at large. The Doctor's remarks on Empiricism strike us as conceived in a commendable spirit and happily expressed.

"I know not a more prolific source of mischief in the science of medicine, than *Empiricism*, and none are more inclined to practice it, in some one or other of its manifold forms, than our young graduates. This may be accounted for, in some measure, by the power of example, the tendency common to our nature to be imitators, rather than originals.

By some, the term *Empiricism* has been restricted to the use or countenance of avowed nostrums, and this is undoubtedly a part of the evil. But, in our judgment, every species of random practice, the exhibition of remedial agents, without a rational *why* or *wherefore*, prescribing for names, rather than for symptoms, and every other device resorted to by the practitioner, to save the labour

of thinking, may with strict propriety, be placed to the account of Empiricism.

I do not say, that he is an empiric, who employs a popular remedy, that is even lauded in the newspapers, as a panacea, provided he is acquainted with its actual composition, and applies it judiciously, watching its operation, and carefully noting its effects. Under such circumstances, it is lawful to resort to any remedy, and to give it a fair trial, if its action appears to be salutary. This was, virtually, the practice of Sydenham, in regard to every new article that presented itself, as proper for medical use. He made a cautious trial of the remedy, in order to learn its effects, and he persevered in its exhibition, until satisfied. The man who proceeds on such ground, cannot greatly err; and as every remedy, whether it be called a nostrum or by some other name, is new to the physician who has never employed it, he must pursue the plan of Sydenham, or give the article because his neighbour does so, or reject it entirely.

But the case is otherwise, if, without an acquaintance with the constituents of a popular remedy, the physician condescends to administer it, on the testimony of the press, or to gratify the whims of a superstitious patient. Such conduct cannot be defended against the charge of empiricism.

Physicians are often interrogated, touching the value of the patent medicines that are blazoned in our newspapers, as sovereign remedies for all the aches and pains of life; and the good-natured inquirer, half inclined to believe the puffs he reads, is sometimes displeased, if the doctor hesitates to give an opinion, although confessedly a stranger to the composition of the article. To expect a discreet physician to commit himself thus, is about as unwise, and equally ridiculous, as to consult him on the treatment of a sick man a thousand miles off, concerning whose case there is no other information than that he sickened ten years ago, is the son of A. B., born in the year 1800, &c. &c. What physician could refrain from smiling, if consulted on such ground, and how many would treat the affair as a mere hoax? And yet, not a few well-meaning persons seem to think a doctor quite illiberal and narrow-minded, who withholds an expression of approbation from popular remedies, that have done so much service to their friends.

The proprietors of nostrums are often complete monomaniacs; and because they can discern excellencies in a panacea, seem to think that all should laud the praises of their specifics. And they have the presumption to solicit the countenance of medical men, on the faith of the scores of printed certificates, which, in their estimation, are absolutely infallible. They expect the sanction of the profession, too, while they refuse to confide to them the secret of the composition; and, strange to tell, some medical men have so far laid aside their dignity, as to gratify the impudent request. A physician should not prescribe, nor patronise, in any way, a medicine, the ingredients of which are unknown except to the proprietor.

It sometimes occurs, that empiricism clandestinely supplants the efforts of the regular practitioner, and occasions not a little embarrassment. Our best patients, labouring under chronic diseases, are occasionally beguiled to try some vaunted mixture, that has the reputation of infallibility; and if temporary relief be procured, they sometimes venture to rebuke their long-tried and faithful physician, for his want of discrimination. However vexatious such occurrences may be, it is, sometimes, wise to bear with them, and to maintain our friendly relation, as though nothing of the kind had transpired. I have watched such cases with some attention, and have witnessed the return of confidence, as the necessary result of dissatisfaction or disgust with the pretended specific; and in this way, empiricism has been more effectually counteracted, than it could have been by the direct assault of the physician. As a general rule, however, we should frown upon, and, if possible, frown down every *secret* remedy, the chief recommendation of which is, that nobody but the proprietor understands its composition.

But there is another sort of empiricism, that is exceedingly fashionable, and therefore the more formidable; I mean, the quackery of applying any given mode of treatment to a disease, irrespective of the varying conditions of the system. There are even yet many physicians who prescribe for names instead of things, although the venerable Rush, in his day, was accused of slandering the profession, when he charged them with this kind of mal-practice. Such practitioners are mere routinists. They have one pill for this and another for that case, and whenever you meet them, the well known pill box is forthcoming, and the entire treatment can be anticipated, almost with unerring certainty. They regard disease as possessed of characters, unvarying as the granite and feldspar, the tiger and the lion; and hence their therapeutics make no account of the influence of season and other controlling circumstances, that so often modify and aggravate disease.

The intelligent physician must needs be a student as long as he occupies the field. He knows that the forms of morbid action are continually changing, and that his constant vigilance is demanded, to meet the exigencies that surround him; and he regards as preposterous, all curative efforts, that are not based on this fundamental principle. With the mere mechanic in medicine, who looks upon every shade of disease, as a distinct piece of statuary, moulded by the chisel, he has no sympathy. He professes allegiance to a system, that has sound philosophy for its basis, and that demands the daily exercise of the ablest minds.

It is a mistake to identify empiricism with the ungraduated practitioner. Some of the most flagrant instances of quackery that have ever fallen under my observation, were in the ranks of medical diplomatists; while, on the other hand, I have witnessed an enlightened and honorable course, more than once, in those who never sought

the distinction of a degree in medicine. A judge in Pennsylvania, who was highly incensed at the stupidity of a court officer, recently appointed by the governor, observed, in the hearing of the officer, "the governor can make prothonotaries and clerks, but he can't give them brains." In like manner we may affirm, that a school of medicine may confer the Doctorate on the undeserving and unqualified, but that act does not infuse into the party, either the powers of investigation, or plain common sense, and much less straightforward honesty.

With all his characteristic mildness, Dr. Rush boldly denounced a class of men, to whom he gave the appellation of "traders in medicine," more than thirty years ago. And these persons were not quacks, in the ordinary acceptance of the term; but actual graduates, legally invested with the honors of the Doctorate. Though destitute of the spirit of honorable enterprise, they had foisted themselves upon colleges, with scarcely any sort of preparation, and by some indefinable process, had squeezed through the formalities of the *green-room*. Strangers to the finer feelings of human nature, they took up with the profession of medicine, just as the tinker falls on his avocation, viz., for the purpose of making the most money, in what appeared to be the easiest way. These are the **SHYLOCKS** of the profession, who want the pound of flesh and mean to get it. You might as well essay to talk the tornado into silence, as to seek the reformation of such men by argument. They are utterly incorrigible. The voice of persuasion falls on their ear as powerless as on the thundering, senseless cataract. The effort is abortive from the very nature of the case. Where then is our hope? We reply, in the rising generation. Let the proper training be given to all our young men, before they are permitted to commence the study of medicine, and let them enjoy the instruction of physicians whose moral sense is not less vigorous than their ability to teach, and who rightly appreciate the dignity of their station. If this discipline fail to resuscitate the decaying energies of the profession, we must lie down in despair, greeted only with the appalling inscription glaring upon the vision from every quarter, "the glory has departed."

Let the young graduate who would rise superior to the trickery of empiricism, resolve to do every thing in his profession by rule, and according to just principles drawn from perpetual investigation of disease, and all the passing events that may modify the type and grade of morbid action. Setting out with this determination, he will soon acquire a fondness for the course; and in a few years the habit will be so fixed, that to practise on any other basis would be a violation of his nature."

DOMESTIC SUMMARY.

Transylvania Medical School.—We have received an extra of the Transylvania Journal of Medicine, containing the Annual Announcement

of the Medical Department of the Transylvania University. A recent munificent endowment, by the council of the city of Lexington, will enable the trustees to erect a new hall and an infirmary. The library is to be immediately enlarged by purchases in the Eastern cities, and in Europe. The class of the past winter amounted to two hundred and eleven. The number of graduates at the commencement, March 9th, 1839, was fifty-one.

Jefferson Medical College.—At the annual commencement, held on the 5th inst., the degree of M. D. was conferred on eighty-eight gentlemen. The address was delivered by Prof. Calhoun.

Massachusetts General Hospital Annual Report.—As a statistical document it is important, and will doubtless be received, as those were which have preceded it, with satisfaction by the public. It is always gratifying to know how public charities are managed in the interior, which it is the object of these annual publications to explain. From January 1838, to January 1839, in the hospital in Boston, 380 patients were received; 174 were discharged well; 66 much relieved; 35 died; 3 eloped, and 48 were not relieved. The greatest number of patients in the house at any one time, 53. Expenses of the hospital for 1838, \$13,096 54. Connected with this is the McLean Asylum for the Insane, at Charlestown, an admirably conducted institution. The whole number of patients remaining in the asylum at the commencement of the year, was 86; and there were received during the year 1838, 138 persons, which gives a total of 234 who enjoyed the benefits of this excellent charity. The year's expenditure, including \$1,490 79 for a new building, was \$29,096 71. The manner in which the trustees manage the two, is deserving of the highest commendation. Beside being liberally disposed, and always ready to co-operate with those who propose judicious improvements, they are not for ever interfering with the medical officers, which is the cause of so much ill temper, and operates so disastrously, in several of a kindred nature in neighbouring cities.—*Bost. Med. and Sur. Jour.*

FOREIGN SUMMARY.

Account of a Case of poisoning with Corrosive Sublimate. By ALEXANDER WOOD, Esq.—The patient, a dyer in Musselburgh, named Bell, forty-seven years of age, was admitted, on the 3d of September, into the Royal Infirmary. The following is his case as stated by himself.

On the 26th inst., (nine days before admission,) feeling rather unwell, he applied to an apothecary for a calomel powder, and received from his (the apothecary's) wife about a teaspoonful of a heavy white powder, half of which he took in a glass of whiskey about ten o'clock in the forenoon.

While swallowing it he felt an acute burning sensation in his throat, and immediately after, he

was seized with stiffness of the jaws, and vomiting, great pain in the bowels, and the discharge of bloody stools, accompanied with cramps. Ptyalism appeared the same evening; pain in the mouth continued, with ptyalism; and occasionally the pain in the bowels was very severe.

It does not appear that at that time any medicinal means were employed likely to prove effectual in counteracting the effects of the poison. At the time of admission the patient complained more of weakness than of any actual pain, except in the jaws, which were stiff and swollen. The gums were also swollen and spongy. There was considerable ptyalism, and the breath had a strong mercurial fœtor. There was no pain in the bowels, nor was any uneasiness evinced on pressure. He had three stools, according to his own report, of tolerable consistence, and a light colour, within the last twenty-four hours. There was no symptom of any irritation in the urinary passages. The pulse was ninety-six, rather weak, and the countenance denoting exhaustion.

Notwithstanding active treatment, the patient's strength continued to decline. Considerable quantities of fluid blood occasionally escaped from his mouth without any effort like vomiting. This was believed at the time to result from the salivation, rather than from any morbid condition of the alimentary canal. The pulse continued small, and weak, and his whole appearance very much resembled that of a person in the last stage of typhus fever. At no time, however, did he complain of the slightest pain in the bowels. He died on the evening of the 8th inst., (fourteen days after swallowing the powder,) immediately after having passed by stool about six pounds of fluid blood.

In consequence of the circumstances attending the death of this patient, a warrant was issued by the authorities for a judicial examination of the body; and Mr. Watson, surgeon, was directed to perform this duty.

The following were the appearances found on dissection.*

Mouth.—The mucous membrane opposite the two last molar teeth of the right side was of a dingy green colour, and in a state of slough. Over one of the tonsils there was a small ulcer.

Pharynx.—On the surface of the pharynx were two irregular spots, on its posterior aspect, about the size of a shilling, of a brownish colour, and presenting on their surface a number of small elevations.

Œsophagus.—About three inches from its termination in the stomach, the œsophagus presented a spot similar to those described as existing in the pharynx.

The *Stomach* contained about six ounces of partly coagulated blood. On its posterior surface, and immediately below the entrance of the œsophagus, a portion of the mucous membrane

* It is proper to state that this report is not the official one, but was drawn up when the body was publicly opened by Mr. Watson, from the appearances then displayed.

was found softened, of a green colour, and part of it hanging loosely in a state of slough. The rest of the mucous membrane of the stomach was of an uniform red colour.

The *Intestines* contained throughout their whole extent, in contact with the lining membrane, a layer of dark-coloured, grumous matter, which was mixed with mucus, and in the duodenum with bile.

The mucous membrane of the duodenum was of a yellow colour, and appeared healthy,—that of the jejunum and ileum was of an uniform red colour. At the termination of the cæcum, and commencement of the colon, round spots existed, less than a sixpence in size, and of a greenish colour, somewhat softened, and irregular on their surface. Near the upper part of the ascending colon a similar spot was observed. On approaching the descending colon, the mucous membrane was observed to be reddened, and irregularly rough on its surface. This appearance increased on proceeding downwards, becoming very marked towards the commencement of the rectum. At some parts blood was seen effused into the submucous cellular tissue, forming little hæmorrhoidal-looking excrescences. Towards the rectum the number of these diminished.

Chest.—The large veins contained some coagulated blood. The heart and valves were healthy. The lungs were spongy throughout. On making a section of the posterior part of either lung, a considerable quantity of frothy serum escaped.

Brain.—Considerable effusion had taken place into the subarachnoid cellular tissue, stretching the arachnoid membrane across the convolutions of the upper surface of the brain.

The lateral ventricles contained rather more serum than natural. The substance of the brain was of its usual consistence.

Salivary Apparatus.—The parotid and submaxillary glands differed but slightly from their natural appearance, seeming only a little softer. The pancreas was natural in appearance and consistence.

Urinary Apparatus.—The kidneys contained a slight deposition of yellow granular matter, but no traces of inflammation were observable.

The bladder was quite healthy.

We cannot suppose, that, after the perusal of the above case, any doubt can exist as to corrosive sublimate having been the powder swallowed, so accurately do the symptoms correspond with those detailed by the best toxicologists, as resulting from the action of this powerful mineral salt.

The symptoms of irritation in the œsophagus commenced during the very act of swallowing,—a circumstance which is dwelt upon by Dr. Christison as one, by which poisoning by this substance may be distinguished from that resulting from arsenic.*

This was observed particularly in the case of Mrs. Hodgson, related in a former number of this journal, who, immediately on taking the bolus in

which the poison was contained, was attacked with a sense of violent burning in the throat, gullet, and stomach;* and in a case related by Mr. Blacklock, whose patient “had scarcely got the drug down, when he began to retch, and to complain of constriction in his throat, accompanied with a burning sensation, and difficulty of swallowing.”† And in a case recorded by MM. Dumonceau and Planchon, “the patient experienced the caustic effects of the poison the moment he had swallowed it.”‡

The bloody purging and vomiting which occurred during the first few days are also stated by Dr. Christison to follow the action of corrosive sublimate more commonly than that of arsenic, “obviously,” he adds, “because the former is a more powerful irritant.”

But, independently of every other proof, the profuse salivation under which the unhappy patient laboured on his admission into the hospital, and the peculiar fœtor of the breath, leave no doubt that he was under the influence of some compound of mercury; while the immediate appearance of the irritant action, along with the other symptoms detailed, lead to the conclusion that corrosive sublimate was the active preparation employed.

The chief peculiarities of the case, in a medical point of view, are, *first*, the early period at which salivation commenced.

It is doubted by Dr. Christison whether salivation has ever occurred sooner than the beginning of the second day; and it is suggested, that, in a case described by Mr. Anderson of Belfast, where it was supposed to have taken place only nineteen hours after the poison had been taken, the salivation arising from inability to swallow, owing to soreness of the throat, had been mistaken for the true mercurial ptyalism.§

In the case of Bell, however, although we have only the statement of the patient himself, that salivation occurred at tea-time, (that is seven hours after,) on the day on which the poison was swallowed, yet, after repeated interrogations, I felt convinced that in this account he was correct. That, in his case, at least, there was no difficulty in swallowing, is proved by his having drunk diluents copiously, *and without any difficulty*, during the earlier stage of the disease.

The length of time during which the patient survived, while the disease was proceeding to its fatal termination, is a rare occurrence.

With regard to the ordinary duration of the disease when the patient dies of the primary symptoms, Dr. Christison observes, that “it varies from twenty-four to thirty-six hours.” “It is probable,” he continues, “that a few may last three days; but only one instance has come under my notice where the duration was greater; and in that instance, which is described by Dr. Venables, life was prolonged under great agony from

* Edin. Med. Journal, xxxvi. p. 92.

† Vol. xxii. 438.

‡ Journal de Medecine, xlix. p. 36.

§ Op. cit. p. 363.

* Christison on Poisons, p. 35.

pain in the belly, bloody vomiting, diarrhœa, and suppression of urine, but without salivation for eight days."*

It is true, that, in the case of Bell, the disease could not strictly be said to be in the first stage, salivation having already commenced; but we think the symptoms during life, as well as the appearances found after death, satisfactorily show that the patient died, not from any of the secondary effects of the poison, but from the consequence of the primary irritation, caused in the stomach by its use.

In the case of Bell there were no local symptoms at the time of his admission into the hospital, or during his stay there, which could have led us to suspect the existence of the serious organic lesion which the *post mortem* examination disclosed, and, in this respect, it differed widely from the case related by Dr. Venables. Though the bowels were inclined to be open, yet diarrhœa could not be said to exist, and at no time did the patient ever complain of the slightest pain in the bowels, or betray any uneasiness when pressure was made upon the abdomen. This I consider a fact of great practical importance, from its illustrating the extent to which disorganization of the intestines may proceed without the occurrence of any *local* symptoms to direct our attention to the lesion, provided always the *mucous membrane alone* be implicated.

By Dr. Stokes† it is stated, that "in acute gastritis," (as the result of swallowing acrid poison,) "there is generally great tenderness of the epigastrium, so that the slightest touch, the weight of the bed-clothes, or any muscular effort, will produce severe distress. Anxious to ascertain on what foundation this opinion rested, I have examined, as far as was in my power, the isolated cases recorded in the various medical periodicals, and I nowhere find that stress laid on these symptoms, which might naturally be expected, did they usually appear as prominently as the statement of Dr. Stokes would lead us to believe. This is particularly taken notice of by Dr. Mackintosh,‡ who illustrates the frequent absence of all local symptoms, where, nevertheless, serious organic lesion may be going on, by the case of a soldier of the 17th foot, who died eight or ten days after swallowing two drachms of this very substance, and in whom the stomach was found in a state of ulceration.§

That ulceration of the stomach frequently does exist without any local symptoms to direct us to it, few, we think will be disposed to deny.

In Dr. Abercrombie's work on the stomach,

several cases of ulceration, proving fatal by perforation, are related, where the patients had suffered only from slight and occasional dyspepsia. And the same author quotes a remarkable case, occurring in the practice of Dr. Kellie, of Leith, where sudden perforation of the stomach took place, in a "strong and healthy-looking servant girl, without any previous complaint whatever." The stomach in this case exhibited extensive disease, which must have existed for a considerable period antecedently to its fatal termination.

In a well-marked case of gastritis, which lately came under my notice, I directed my attention particularly to the effect of pressure applied to the abdomen, but failed to observe that extreme sensibility which has been described. The patient had attempted to poison herself with a large quantity of laudanum, and after evacuation of the contents of the stomach, strong stimulants, chiefly, I believe, the *aqua ammoniæ*, in large and repeated doses, had been exhibited. On the third day symptoms unequivocally pathognomic of *gastritis* appeared; but, although the general sensibility was completely restored, the patient suffered very slightly, if at all, from pressure on the abdomen. As the disease yielded to free depletion, there was no opportunity of verifying the diagnosis by actual examination; but the symptoms were such as to convince numerous practitioners who saw the case, that it was one of acute gastritis. I have dwelt thus particularly on this circumstance, because I am inclined to think that pain on pressure is very frequently absent, even in acute cases of inflammation of the gastro-intestinal mucous membrane, and, indeed, that it is rarely observed unless when the serous membrane is also implicated.*

In most of the cases which have been recorded, where any quantity of corrosive sublimate has been swallowed, the patients suffered much from irritation of the urinary passages; and to such a degree does this at times proceed, that even the external parts are found to be black and swollen. In the case of Bell, however, nothing of this kind was complained of, and the bladder after death presented none of those deviations from the natural appearance which, in similar cases, have generally been observed.

In the necroscopic appearances there is perhaps nothing more than might have been expected; but I cannot avoid drawing attention to the spots which were found at the termination of the cæcum, and commencement of the colon. They are described in the report given of the dissection, as about the size of a sixpence, of a greenish colour, somewhat softened, and irregular on their surface.

Though varying somewhat in appearance from those described as existing in the pharynx and œsophagus, yet their nature would seem to have been identical, and very similar to the one observed by Dr. Venables, which, in his case, existed on the superior surface of the stomach, about

* Op. cit. p. 362.

† Cyclopædia of Practical Medicine, Art. Gastritis.

‡ Practice of Physic, Vol. i. p. 297.

§ By the kindness of Dr. Thomas Wood, I have been permitted to examine a preparation of part of the intestines of this patient, along with several drawings illustrative of the case. The large intestines were covered with numerous ulcers, similar to those described as existing in the acute dysentery of tropical climates, and a great part of the mucous membrane was hanging loose, in shreds, apparently in a state of slough.

* In further illustration of this, see cases recorded in Vol. xlv. of this Journal, and Craigie's Practice of Physic, Vol. i. p. 888.

midway between the cardiac and pyloric orifices, and which that gentleman describes, as "a very remarkable kind of opaque, yellowish white spot, of an irregular form, and about the size of a sixpence." I am inclined to believe that these spots resulted from softening of the intestinal mucous membrane, and that the appearances described as existing in the descending colon and rectum were produced in the same way rather than by the effusion of lymph.* "The effusion of lymph as a result either of natural inflammation, or of that caused by poison," is stated by Dr. Christison to be rare; "at least, by no means so common as would be supposed from what is said in systematic works."†

In a medico-legal point of view, this case, though one of considerable interest, is easily disposed of. The length of time which had elapsed between the swallowing of the poison, and the death of the patient, afforded little hope of its being detected in any part of the body, and this, as far as I know, was not attempted. The question has been suggested, how far a medical man is entitled to say, that death, in any case, has resulted from the effect of poison, unless he can actually detect its presence in the body?—But, with every wish to submit to the authority of those who have maintained this opinion, there are, we cannot but think, cases where, independently altogether of the moral evidence, the witness can affirm, that the symptoms preceding, and the appearances detected after death, have resulted from the action of some powerful poison, and even, as might I think in this case have been done, to speak decidedly as to what poison was.

The statement made by the deceased, on his admission into the hospital, conveyed the impression that the powder which caused his death was given him by mistake for calomel. I believe it turned out, on inquiry, that he had sent expressly for corrosive sublimate, having been informed by a fellow-workman that it was an excellent cure for a form of venereal disease under which he laboured.

This confirms an opinion expressed at the time of the *post mortem* examination, that the existence of this disease should have been mentioned in the official report drawn up, as it was extremely likely, that, had a trial taken place, this would not have proved an unimportant circumstance, especially when death was caused by a preparation of mercury.

It is impossible to be too minute in noticing the *leading features*, at least of *every* alteration from the healthy state, which may be found in bodies, on which we are required to furnish a legal report; and in support of this opinion, the author-

* This peculiar softening of the mucous membrane, I think, I have occasionally observed, though in a slighter degree, on examining the intestinal mucous membrane of children who died of some disease, for the cure of which calomel had been very freely administered, and I have more than once heard *that* termed effusion of lymph which I suspect would have shown itself, on closer examination, to have been softening of the mucous membrane.

† Op. cit. p. 122.

ity of Mr. Watson himself may be quoted, who, in reporting two cases in this Journal, where he was directed by the authorities to examine the bodies, premises, "that the task is often difficult, and requires the utmost attention, even to very minute particulars; for circumstances apparently trifling in the medical evidence, often turn out to be of great importance in elucidating and connecting the moral evidence, either of the innocence or guilt of the accused."*

I cannot conclude this case without remarking, that the fact of the deceased having sent a written line to the apothecary for the drug, by no means frees that individual from blame, as it certainly would have been only a necessary precaution, before dispensing such a deadly poison, to have inquired as to its ultimate destination. Cases of poisoning from the carelessness of apothecaries are, I understand, becoming alarmingly frequent. Within a very short time two have occurred in my own experience, where, from the want of a qualified assistant, in the absence of the apothecary himself, a wrong medicine was dispensed, which in one case proved fatal, and in the other gave rise to severe and protracted suffering.

In the establishment where Bell procured the poison, the individuals in charge were the wife of the apothecary and her son, a linen draper's apprentice.—*Ed. Med. and Surg. Jour.*

On Simple Chronic Ulcer of the Stomach. By M. CRUVEILHIER.—The researches of M. Cruveilhier on the pathological anatomy of the stomach, lead him to conclude that there exists occasionally simple chronic ulceration of that organ, essentially different from cancerous ulceration of the stomach, but often presenting similar symptoms. There is, indeed, no pathognomic symptom, which will enable us generally to distinguish the two diseases with precision, although there are circumstances which will guide our diagnosis. The natural termination of the two diseases differs essentially; as, whilst cancer of the stomach has an inevitably fatal tendency, simple chronic ulcer will often heal under a soothing treatment, and after a careful abstraction of all irritants. Yet this disease will sometimes terminate fatally by causing perforation of the stomach, or excessive hæmorrhage; and even when the ulcer has healed, it will leave permanent ill consequences in some cases, producing a contraction of the stomach unfavourable to the passage of food, or attacking the coats of the arterial trunks which lie beneath the cicatrix.

1. Simple chronic ulcer of the stomach consists in a spontaneous loss of substance, generally circular, with sharp borders, dense and gray at the bottom, and of variable dimensions. There is rarely more than one, and this is situated in the small curvature or posterior part of the stomach. When it attacks the pylorus, it assumes

* Vol. xxxvi. p. 86.

the form of a zone. Its progress is slow, and as it extends in surface it increases in depth.

2. This kind of ulceration presents the same characters as cutaneous ulcers produced by a constitutional or local cause. It frequently resembles a syphilitic ulcer, but there is no ground for attributing to it a syphilitic origin.

3. Simple ulcer of the stomach may be distinguished from cancer by the absence of the hypertrophied and hardened base which accompanies scirrhus ulceration.

4. All the causes of gastritis are capable of producing simple ulcer of the stomach; but it is not uncommon to find this lesion in the bodies of persons who, during life, presented no symptom of it whatever. More generally, however, symptoms similar to those of scirrhus characterize it. Thus there is a failing or capricious appetite, insurmountable lowness of spirits, pain at the epigastrium, increased during digestion. This pain frequently extends to the corresponding portion of the vertebral column, where it is felt with greater intensity than anteriorly. Emaciation, constipation, nausea, and vomiting of food, as well as vomiting of blood or a black matter, present a train of symptoms so similar to those of cancer, that it is only the experience of the effects of remedies which enables us to pronounce on the exact nature of the disease. It may, perhaps, be said, that in cases of simple ulcer, the patient is not so completely weighed down by the symptoms as in scirrhus.

5. If we examine the surface of the ulcer under water by the aid of a good magnifier, or even with the naked eye, we see a number of vascular orifices, some obliterated, others still open. It is from these orifices that the blood is poured out, which sometimes produces alarming hæmatemesis. The black, sooty colour of the vomited matter arises from blood which has remained some time in the stomach, and has undergone the action of the gastric juice. When the ulceration attacks a vessel of considerable size, a quantity of blood may be poured into the stomach and bowels, the loss of which is sufficient to cause death. This termination is more frequent in simple ulcer than in cancer. Sometimes, indeed, the ulcer is completely cicatrized in every point except that which corresponds to a perforated vessel. In this case, the giving way of the coagulum may produce a fatal hæmorrhage.

6. An absolute diagnosis between this disease and cancer is of less consequence, because the treatment should be nearly the same. Repose of the stomach, as complete as the supply of the absolute wants of nature will allow, is essentially necessary. It is impossible to say beforehand what diet the ulcerated organ will bear; this must be determined in each case by careful experiment. Some will bear fish or white meat; others, veal or chicken-broth; whilst others will endure merely water containing sugar or gum in solution, or even simple water. The treatment should be commenced by enjoining on the patient complete abstinence even from liquids for twenty-four hours. If there is pain at the epigastrium,

leeches should be applied, and should be followed by a bath. The day after, a milk diet should be tried. A few spoonfuls of new milk taken occasionally will often suffice, and agree well with the patient; if this is not the case, recourse must be had to gelatinous or farinaceous food, and the desires of the patient must be consulted. His natural instinct will often guide us to the discovery of the most proper aliment. Calcined magnesia is occasionally useful; opium rarely: sugar is in general injurious. Baths of gelatine are a very powerful auxiliary, and are much more useful, when they are continued during a space of two, three, or four hours. In this, as in many other chronic affections, it is important not to prolong the system of abstinence too far. Occasionally a change to more stimulating food, as game, will be of service. It is in the details of such a case that there is most room for the exercise of the sagacity of the practitioner. Quality and quantity of aliment; number and period of meals; temperature; period of exercise; excretions: all these points require the minute attention of the physician, and it is by attending to them, rather than by the action of medicines, that we may hope for the best results.

The cicatrices of the ulcers are all fibrous, very resistant, and consequently fragile. It is erroneous to state, that the losses of substance of mucous membranes are replaced by an accidental mucous tissue: a fibrous tissue not covered with a mucous layer replaces the portion of destroyed stomach. Recovery from ulceration, by no means renders the patient less exposed to perforation and hæmorrhage.

The cicatrization of losses of substance of the stomach, similar to the same process occurring in the skin, is performed in two ways: 1, by the drawing together of the edge of the wound; 2, by the production of a fibrous tissue. Inconsiderable losses of substance are cured exclusively by the first method, and then the cicatrix of the stomach is represented by a linear stroke or by a small depression, with circular puckering and radiated folds. More considerable losses of substance leave a circular depression, as if made by a punch, which has a fibrous bottom, limited by a border of mucous membrane more or less projecting.

Perforations may happen during the period of improvement of the ulceration, when the necessary adhesions are not established, and then it may be the result, 1st, of a new ulceration, which may occur on the very bottom of the cicatrization, or upon a point of its circumference; 2dly, from a default of extensibility, from the fragility of the cicatrix, which is broken in consequence of distension of the stomach, either by gas or by aliment, or from violent vomiting.

Hæmorrhage may take place: 1st, during the period of increase of the ulcer; it is then the result of erosion of the arterial walls; 2dly, after the cicatrization, and then sometimes it is produced by the fall of an obstructing clot; sometimes it is in consequence of an ulceration which

invades a portion of the cicatrix, or a process of erosion limited to a vessel.

Death is the certain and inevitable consequence of perforation. The hæmorrhage may be either rapidly fatal, or the patient may sink from a succession of attacks. The blood is generally passed by vomiting; it is often passed both by vomiting and by stools. In some cases altogether by the stools which are like ink: in these cases it is probable that the blood is furnished in small quantities, and is in some measure digested.

Those patients who have been cured of this disease are prone to a return from the slightest causes. M. Cruveilhier has seen it reproduced in the same patient three times, at intervals of from two to four years. The knowledge of a patient having recovered from such an attack, should indicate great caution in the employment of irritating medicines. Two cases are given: we select the last, because it clearly points out the importance of bearing in mind this important observation.

A female, aged sixty, entered the hospital on the 23d of September, 1834, for a prolapsus of the rectum. The attention being directed to this point only, the remedies for such an affection only were ordered. Some days after, upon the patient complaining of a bad taste and of habitual constipation, she was ordered twenty-four grains of ipecacuanha, with relief. On the following day, she complained that her food produced a very painful sensation in the epigastric region, and it was at this period she gave the history of her case. She had been seized eighteen months before with vomiting, pains in the stomach, and fever. The vomiting was produced by the ingestion of food, and occurred from time to time, accompanied with epigastric pains; these were so violent as to give the sensation of an animal in the stomach. Pressure upon the epigastric region caused a very acute pain, but no tumour could be discovered. Cataplasms and milk diet were ordered. On the 4th of October, she was suddenly seized with an acute abdominal pain, agitation, and anguish. The following morning there were a distressed and discoloured countenance, miserable pulse, cold perspiration, acute sensibility of the abdomen; more especially of the epigastrium and the left hypochondrium, nausea and hiccup. M. C. diagnosed a perforation of the stomach: fifteen leeches and cataplasms were applied, but the patient died during the night.

Dissection. The intestines were injected and covered with a yellow, false membrane, mixed with bile and alimentary matter. The pelvis contained several ounces of a turbid serum, in which were several seeds and skins of grapes. The intestines were united together. The stomach presented in front, very near the great curvature, not far from the pylorus, a round perforation, about two lines in diameter. The stomach when opened presented, on a level with this perforation, a recent ulceration of an oval form. Independently of this recent ulceration, there existed

upon the posterior wall, on a level with the pancreas, a cicatrix formed by this organ, but covered by a layer of smooth fibrous tissue. The mucous membrane formed a circular pad, but it was in a manner continuous with the tissue of the cicatrix. M. C. believes that the irritating nature of the emetic caused the return of the disease.

Many other cases are related, illustrating the termination of this disease. Four cases are detailed in which the stomach was perforated by the ulceration; its contents escaped into the cavity of the abdomen, and death ensued in a few hours. Two cases are given in which the disease terminated by fatal hæmatemesis; in one, the coronary artery, in the other the splenic, was the vessel attacked. In both cases the ulcers had cicatrized, except at the points corresponding to the vessels from which the hæmorrhage proceeded, and to a small extent around these points. Three cases are given in which examination after death showed the existence of cicatrized ulcers in the stomach of persons, who at a former period had suffered from symptoms of gastritis. Such was the case of Professor Belcard. In one case, death was produced by excessive hæmorrhage from the stomach, but on inspection no open vessel was found, and the extreme development of the superficial veins supported the idea that the hæmorrhage had taken place by exhalation.—*Brit. and For. Med. Rev., from Revue Médicale, February, March, and July, 1838.*

Case of Hæmorrhagic Pleurisy. With Remarks. By PROFESSOR GRAVES.—James Maher, aged twenty-two, admitted September 4th, 1838, in a low and emaciated condition. Has a very troublesome cough, which occurs in paroxysms; sputa scanty and bronchitic; can lie easier on his back than on either side; sweats after sleeping; appetite bad; bowels open; pulse 100, small; respirations hurried.

Physical Signs.—On looking at his naked chest, it is evident that the right half of the chest moves much less than the left. Percussion yields a dull sound at the lateral and posterior regions of right side, in which latter region there is bronchial respiration without any rale; in the former there is an absence of respiratory murmur; there is a bronchophony approaching to ægophony posteriorly; whereas, laterally the voice is heard much less than in the natural state; the intercostal spaces are not distended; the left side is normal.

History.—States, that about the middle of August he fell in a fit upon his left side, and was bled four or five times largely for the apoplectic symptoms. In three days after, he got a severe stitch in his right side, for which he was twice copiously bled and blistered, and took some calomel and opium. The symptoms were somewhat abated under this treatment, but the strength of the patient was much reduced.

September 5th.

Haustus effervescens ter in die.

6th. The patient the same way; there was

no rale in the chest this morning when examined.

R. Pilulæ Hydrarg. gr. iii.
Ext. Opii aquos. gr. $\frac{1}{2}$. M.
Fiat pilul. ter in die sumenda.
Vesicatorium magnum parti dolenti.

7th. Was attacked last night with great dyspepsia, cough very bad; spitting up frothy serum with a pink tinge; pulse 130, weak; face livid; hands cold; great anxiety; heart beating in a very laboured manner; extensive churning sound heard all over the chest. He was ordered carb. ammoniæ, and shortly after leaving him, raving set in, and death soon followed.

Autopsy six Hours after Death.—The right pleural cavity contained about a quart of bloody serum. The posterior portion of the lung was covered with a pretty strong layer of lymph, which was about an eighth of an inch thick, and easily torn off. The same was observed on the parietal pleura opposite to this. The surface of the compressed lung was, as is usual in such cases, wrinkled in many places, a mechanical effect produced by compression. These wrinkles require notice, for in the case before us they imposed on more than one of the spectators, particularly at a part of the posterior surface of the lung, where one of the wrinkles formed, apparently, a deep indenture into the pulmonary substance, *which indenture, containing sero-purulent matter, and covered with a thick layer of lymph, bore a strong resemblance, on a cursory examination, to an abscess.* The bronchial tubes were found to be loaded with a frothy serous fluid, but there was no redness of the bronchial mucous membrane.

The first remark that is suggested by this case, is the tendency which excessive depletion produces to the formation of inflammation. This poor man had been five times bled for a fit of apoplexy, and had been debilitated by various other depletory measures, and in three days afterwards, while lying exhausted and drained of blood, inflammation commences in the pleura, and goes on to a fatal termination unchecked by remedies. Again, another circumstance requires to be noticed, which is, that the nature of the blood and its physical qualities must have been altered by the previous excess of depletion, for we cannot otherwise account for the rather unusual circumstance of the colouring matter being secreted by the inflamed pleura along with the lymph and serum of the blood; in a practical point of view, the sudden occurrence of a churning sound denoting the presence of a serous fluid in the bronchial tubes requires serious attention, for dissection proved that it was not the result of inflammation, but *was produced by a true serous flux into the bronchial tubes*, an event of the most sudden occurrence in the case before us, and which was accompanied by the remarkable rose-coloured serous sputa, which might easily have misled us into the belief that pneumonia existed. Here the colouring matter of the blood presented itself along with the serum, first in the pleural

sac, and secondly in the bronchial tubes.—*Dub. Jour. of Med. Science.*

On Enlarged Amygdalæ. By Prof. GRAVES.—When common cynanche tonsillaris, scarlatina, measles, or any other disease which induces inflammation of the throat, attacks persons of a serofulous habit, enlargement of the amygdalæ is a very frequent consequence. In children it is more common than in adults, and when it takes place it requires prompt attention, for if these glands be permitted to become hypertrophied, and to remain so for many years, their size becomes at last considerable, and they may be perceived as large as walnuts, leaving but slight interval between them, so that the disease being confirmed, the patient, when he grows up, is constantly annoyed by an irritation, which, in many, produces a slight hem or occasional hawking, and in all is the source of much inconvenience or even danger, when the person, from cold or any other cause, is attacked with sore throat. Then the inflammation which, under other circumstances, would be moderate, assumes a great degree or violence, the amygdalæ swell suddenly to an excessive size, and the attack is both severe and long continued.

These facts prove the propriety of endeavouring to restrain enlargement of the tonsils in children. After acute diseases, time, with a tonic regimen, country air, with tepid salt-water baths, and sea bathing, will frequently remove this affection, particularly if assisted by gargles, such as warm salt-water, a solution of sulphate of zinc, or infusions of astringent vegetable substances with alum, &c. &c. When these means fail, we may try the daily application of tincture of iodine, mixed with a little treacle.

The principal remedy, however, is the nitrate of silver; many use this in solution, but I prefer Mr. Cusack's method, which is as follows: The solid stick of lunar caustic, or some of the latter in powder, and placed in a proper instrument, must be kept steadily pressed against a particular spot of the enlarged gland; two, three, or five seconds will suffice to secure the formation of a small eschar, which falling out, will leave in the part, when healed, a slight depression like the largest pit formed by a small-pox pustule. When this has been effected, which is usually in about five days, a similar proceeding must take place with the other amygdalæ; and so on with each, turn about, until the desired reduction of size has been accomplished. When the glands are large, this process usually requires about six months; it is slow but sure; and must be intermitted when any accident gives rise to temporary sore throat or to catarrh.

Some use ligatures to reduce these glands in size, and others cut them out; the latter operation is not altogether free from danger, as was proved in the case of a patient of mine, who, contrary to my advice, went to Paris to have it performed. The left amygdala was excised, and the gentleman was very near dying of the consequent bleeding.—*Ibid.*

Preservation of Bodies for Dissection.—M. Gannal has recently published a pamphlet on the embalming of bodies, and the preparation of specimens of natural history and morbid anatomy. As M. Gannal has obtained a patent for his method of embalming, we shall say nothing on this part of his work; he has, however, freely communicated the results of his experiments on preservative fluids for the purpose of dissection, of preparations of animals, &c.

After numerous trials with the salts of alum, and various other substances, M. Gannal has selected the sulphate of alumina as being at once the most efficacious and the cheapest materiel that can be employed. Two pounds of the sulphate of alumina dissolved in a quart of water, are sufficient to preserve a dead body in a state of freshness for at least three months. If the weather be very hot it will be necessary to employ the fluid in a greater degree of concentration. The solution of alum is simply injected into the vessels of the subject, and the cost of preservation does not exceed ten pence for each body.

Lancet, Feb. 2d.

View of the Operations for Lithotomy, and their Results, in the Hospital of Santa Maria di Loreto in Naples, during a period of sixteen years.
By SALVATORE DE RENZI.

	SEX.		AGE.			EVENT.	
	Male.	Female.	Childr.	Adults.	Aged.	Cured.	Dead.
1821 to 1836	508	15	263	204	56	446	77
Spring of 1837	15	0	10	5		14	1
Autumn of 1836	15	0	9	6		11	4
Total . .	538	15	282	215	56	471	82

This makes the proportion of deaths 1 in 6.7.—*Brit. and For. Med. Rev., from Il Filiatre Sebezio. Dec., 1837.*

Statistical account of the cases of Calculus, treated in the Hospital of St. Mary, St. Petersburg, during 28 years.—The total number of patients affected with urinary calculus, treated in the hospital, between the years 1808 and 1836, amounted to 1411.

The following table presents a view of the results obtained during the last seven years:—

Years.	En-tries.	Opera-tions.	Cured.	Not cur-ed by Opera-tions.	Died within 1st week.	Died within a Month or more.	Deaths without Opera-tion.
1830	63	52	47	9	2	3	2
1831	56	52	45	2	4	3	2
1832	53	49	43	3	4	2	1
1833	86	71	64	11	3	4	4
1834	73	69	65	1	2	2	3
1835	64	53	46	9	4	3	2
1836	74	65	59	6	4	2	3
	469	411	369	41	23	19	17

TABLE showing the different Ages of the Calculous Patients.

Age.	Number of Patients.	Cured.	Not Operated on.	Dead within a Week.	Dead after the lapse of a Month or more of some Acute Disease not connected with Opera-tion.	Deaths with-out operation
Years.						
2	28	18	5	1	2	2
3	51	41	8	1	1	0
4	54	48	2	1	2	1
5	38	33	1	2	1	1
6	39	35	3	1	0	0
7	38	31	3	2	2	0
8	35	32	2	1	0	0
9	22	20	1	0	1	0
10	21	18	1	1	0	1
11	13	7	1	3	0	2
12	18	14	1	2	0	1
13	10	7	0	3	0	0
14	15	12	2	0	1	0
15	10	7	0	0	3	0
16	3	7	0	0	1	1
17	10	8	1	0	1	0
18	9	4	0	1	0	0
19	4	2	1	0	0	1
20	8	5	1	1	0	1
21	3	2	0	1	0	0
22	6	4	0	1	0	1
23	7	1	3	0	2	1
24	2	1	1	0	0	0
25	2	1	1	0	0	0
27	4	2	0	0	2	0
30	1	1	0	0	0	0
31	1	1	0	0	0	0
33	2	1	1	0	0	0
34	2	0	0	1	0	1
35	2	1	0	0	0	1
36	1	1	0	0	0	0
38	1	1	0	0	0	0
39	1	0	1	0	0	0
40	2	0	0	0	0	2
45	1	1	0	0	0	0
53	1	1	0	0	0	0
55	1	1	0	0	0	0
61	1	0	1	0	0	0
	469	369	41	23	49	17

The great frequency of calculous affections amongst children in the government of Moskow, depends on the little attention paid them by parents; they stuff the unfortunate infants with potatoes, cakes, and other indigestible stuff; their chambers are small and dirty, and the water in the neighborhood of the villages is not only foul, but contains a quantity of earthy matter. As soon as a child evinces any symptoms of stone they place it under the care of some old female quack, who endeavors to extract the stone by sucking the urethra: this, it is said, frequently succeeds. The rest of their treatment consists in rubbing the abdomen or back with a strong solution of soap, with butter or lard; they shake the child violently, &c.; and it is only when the infant has been exhausted by such barbarous means that he is brought to the hospital.